

5582

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Cullen		LENGTH OF STAY (in this place) 9 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City		3Y01-4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.				STREET ADDRESS (If rural give location) 1119 Proctor Street			
3. NAME OF DECEASED: (First) (Middle) (Last) Clarence Howard Barnes				4. DATE (Month) (Day) (Year) OF DEATH: 6 3 19 55			
5. SEX: M	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, OR SEPARATED (Specify): Married	8. DATE OF BIRTH: 6/22/1900	9. AGE last birthday: 54 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Improvements, Carpentry				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland.	
13. FATHER'S NAME: George E. Barnes				14. MOTHER'S MAIDEN NAME: Margaret Adler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) W.W.I 214-01-9217		17. INFORMANT & ADDRESS: Clarence Howard Barnes 1119 Proctor St., Balto.-2- Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary tuberculosis						2 yrs.	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic heart disease						Unknown	
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/25/19 55 to 6/3/19 55 that I last saw the deceased alive on 6/3/19 55 , and that death occurred at 9 A. M. from the causes and on the date stated above.							
SIGNATURE Edward P. Ritchings		M. D. Victor Cullen State Hosp. Cullen, Maryland.		DATE SIGNED 6/3/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/18/55		NAME OF CEMETERY OR CREMATORY Baltimore Cem.		LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR 6/3/55		REGISTRATION SIGNATURE I.B. Lyon		24. FUNERAL DIRECTOR Wm. J. Tickner		ADDRESS Balto., Md.	

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 6 1955
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05566

5593

CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Frederick</u>	STATE <u>Md.</u> COUNTY <u>Frederick</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Frederick</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH:	
(First) (Middle) (Last) <u>Annie R. Baugher</u>		(Month) (Day) (Year) <u>June 14 1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>2-4-1883</u>
9. AGE last birthday: <u>72</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>own home</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME: <u>Lawson P. Summers</u>		14. MOTHER'S MAIDEN NAME: <u>Julia M. Fredericks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT & ADDRESS: <u>Roy Baugher, Frederick, Md.</u>			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>		<u>1/2 hr</u>	
ANTECEDENT CAUSE (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 5, 1955</u> , to <u>June 14, 1955</u> , that I last saw the deceased alive on <u>June 10, 1955</u> , and that death occurred at <u>5:10 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>J. Elmer Harp</u> M.D.		ADDRESS <u>Middletown</u> DATE SIGNED <u>6-14-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>6-16-1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Ch. of Brethren Cem.</u>		LOCATION (City, town, or county) (State) <u>Frederick Co. Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>16 June 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	
24. FUNERAL DIRECTOR <u>Bladhill Co.</u>		ADDRESS <u>Middletown, Md.</u>	

RECEIVED

JUN 20 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film 184 7-25-55 et

5556

CERTIFICATE OF DEATH

Reg. Dist. No.

05567

131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) 28 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 West All Saints Street				STREET ADDRESS (If rural give location) 5 West All Saints Street			
3. NAME OF DECEASED: (First) (Middle) (Last) James Clinton Bell				4. DATE OF DEATH: (Month) (Day) (Year) June 15 1955			
5. SEX: Male		6. COLOR OR RACE: Negro		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH: May 4, 1879	
				9. AGE last birthday: 76 yrs.		10. AGE last birthday: If UNDER 1 YEAR If UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Hotel Laborer				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland, Frederick, Co	
13. FATHER'S NAME: Nathan E. Bell				14. MOTHER'S MAIDEN NAME: Agnes Price			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.: 214-10-2257		17. INFORMANT & ADDRESS: Noble Stanton, 5 West All Saints St Frederick Md.	
18. MEDICAL CERTIFICATION						Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442x Immediate cause (a) Ch. Cardio Renal Vascular disease Antecedent causes (s) (b) Arterio Sclerosis Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)						6 mos 10 yrs	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-2 1955, to 6-15 1955, that I last saw the deceased alive on 6-15 1955, and that death occurred at 5:15 PM, from the causes and on the date stated above. SIGNATURE (Degree or title) C.E. Baum & Md. ADDRESS DATE SIGNED 6-17-55							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		June 18		St. Paul, Della, Md		Della, Fred Co. Md	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
17 June 1955		Elizabeth S. Heck		C.E. Hicks, 111		24 West saints St Fred. Md.	

RECEIVED

JUN 20 1955

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

COUNTY **Frederick** MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) **Monrovia** LENGTH OF STAY (in this place) **33 yrs.**
 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Frederick**
 CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN **Monrovia**
 STREET ADDRESS (If rural give location)

3. NAME OF DECEASED:

(First) (Middle) (Last)
Wm. Berta Betson
 (Type or Print)

4. DATE OF DEATH: (Month) (Day) (Year)
June 24 1955

5. SEX:

female

6. COLOR OR RACE:

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

married

8. DATE OF BIRTH:

4-26-1894

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
61 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:

housewife

10b. KIND OF BUSINESS OR INDUSTRY:

home

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME:

James W. Brashears

14. MOTHER'S MAIDEN NAME:

Betty Brunner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
no

16. SOCIAL SECURITY No.:
none

17. INFORMANT & ADDRESS:

Harry C. Betson, Monrovia, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X
Immediate cause

(a) **Carcinoma of Lung (Bronchogenic)**
 DUE TO

Antecedent cause(s)
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO
 (c)

Interval Between Onset And Death
1 year

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Atherosclerotic Heart Disease

2 years

19a. DATE OF OPERATION:

None

19b. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

TIME (Month) (Day) (Year) (Hour) OF INJURY

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

(CITY OR TOWN)

HOW DID INJURY OCCUR?

(COUNTY)

(STATE)

22. I hereby certify that I attended the deceased from **July 1, 1954**, to **June 24, 1955**, that I last saw the deceased alive on **June 13, 1955**, and that death occurred at **5 AM**, from the causes and on the date stated above.
 SIGNATURE **A. A. Pearce, M.D.** ADDRESS **Frederick Md.** DATE SIGNED **June 24 1955**

23. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL
 DATE REC'D BY LOCAL REGISTRAR **June 26-55**

DATE THEREOF

6-27-1955

NAME OF CEMETERY OR CREMATORY

Pine Grove

LOCATION (City, town, or county) (State)

Mt. Airy, Maryland

24. FUNERAL DIRECTOR

C. M. Waltz, Winfield, Maryland

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 19 1955

RECEIVED

05568

MARYLAND STATE DEPARTMENT OF HEALTH

5584

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY FREDERICK MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) NR. FREDERICK		CITY (If outside corporate limits, write RURAL and give nearest town) 723 E. BELVEDERE AVENUE	
TOWN NR. FREDERICK		TOWN BALTIMORE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS EN ROUTE HOSPITAL IN AMBULANCE		STREET ADDRESS (If rural, give location) BALTIMORE	
3. NAME OF DECEASED (Type or Print) (First) NORMAN (Middle) EUGENE (Last) BROOKS		4. DATE OF DEATH (Month) JUNE (Day) 27 (Year) 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 9, 1891
9. AGE last birthday 63 yrs.		10. If under 1 year Months 63 Days 63 Hours 63 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY WHOLESALE DRUGS	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY USA.	
13. FATHER'S NAME THOMAS R. BROOKS		14. MOTHER'S MAIDEN NAME ISABELLE V. WILLS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 2K-10-4924	
17. INFORMANT AND ADDRESS Mrs. J. C. Brooks 723 E. Belvedere Avenue			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause (a) CORONARY ARTERY OCCLUSION		30 MINS
Antecedent cause(s) (b) ARTERIO SCLEROTIC HEART DISEASE		YRS.
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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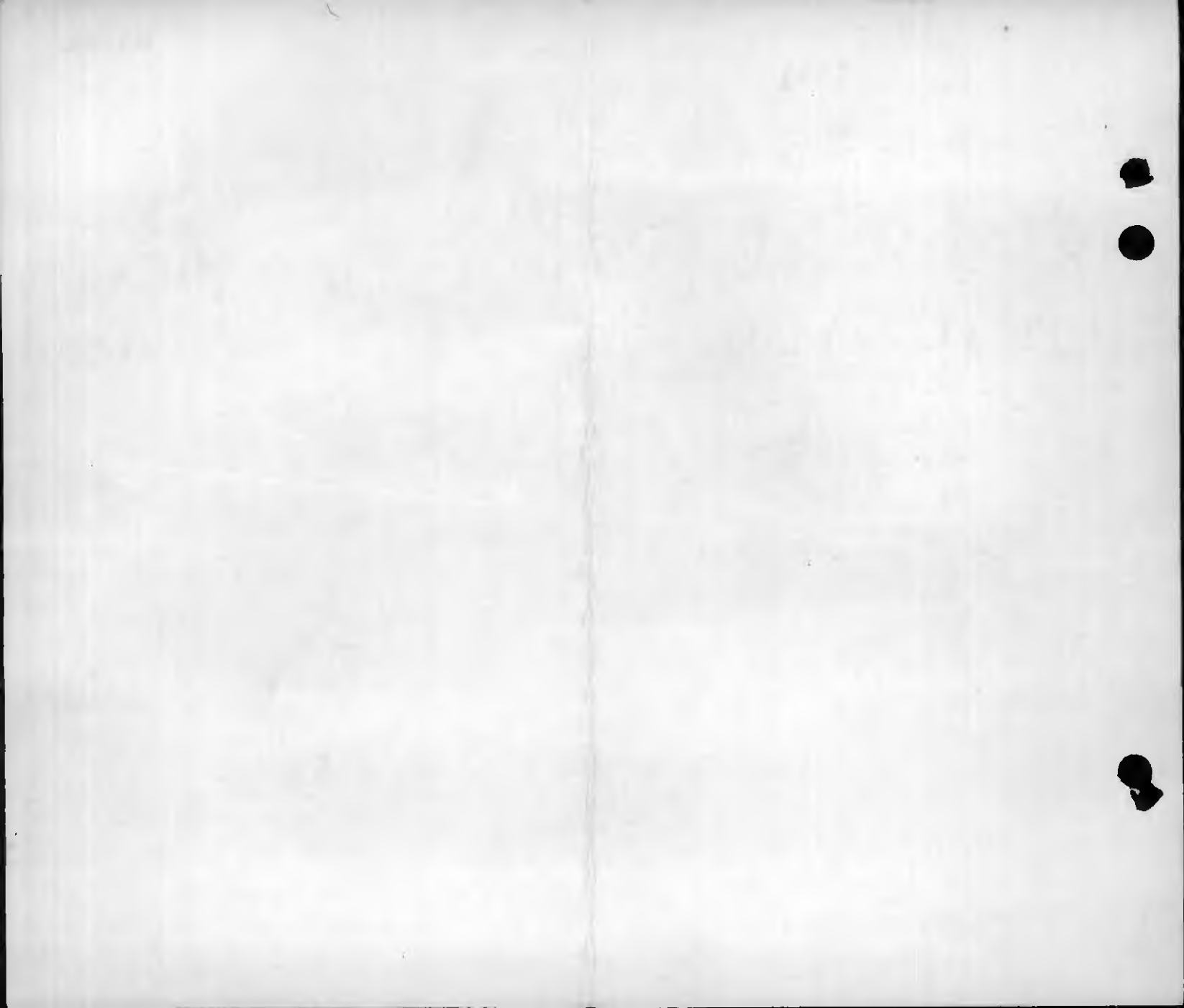
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. NONE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .	
SIGNATURE (Degree or title) Robert J. Juine M.D., Box 236, RRD 6, Frederick, Md.	
DATE SIGNED 6/27/55	

23. BURIAL, CREMATION, EMBALMING (Specify) Burial		DATE THEREOF July 1, 1955		NAME OF CEMETERY OR CREMATORY St. Mary's (Catholic)		LOCATION (City, town, or county) Baltimore, Maryland	
DATE REC'D BY LOCAL REG. 6-29-55		REGISTRAR'S SIGNATURE H.W. Nelson		24. FUNERAL DIRECTOR Horace F. Burgee		ADDRESS 3631 Falls Road	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



05569

MARYLAND STATE DEPARTMENT OF HEALTH

5581

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 171

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Virginia</u> COUNTY <u>Loudon</u>	
35 CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lovettsville</u> 23X 3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>EDWARD</u>	(Middle) <u>LEROY</u>	(Last) <u>BROWN</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6-14-1931</u>
9. AGE last birthday <u>24</u> yrs.	If under 1 year Months	If under 24 hrs. Days	19 <u>57</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sailor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Navy</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>
13. FATHER'S NAME <u>Charles Clayton Brown</u>		14. MOTHER'S MAIDEN NAME <u>Mary Susan Green</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1941-45</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Mary Susan Brown, Lovettsville, Va.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(a) Immediate cause <u>817X Compound Fracture of Skull;</u>		<u>Inst.</u>	
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Fracture Cervical Vertebra</u>		<u>Inst.</u>	
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Highway</u>	(CITY OR TOWN) <u>Brunswick</u>	(COUNTY) <u>Frederick</u> (STATE) <u>MD.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 26, 1955 4:45 p.m.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR <u>Auto he was driving struck bridge at high rate of speed</u>	
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
SIGNATURE <u>Robert J. June, M.D., R7D#6, Frederick, Md.</u>		DATE SIGNED <u>6-26-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF <u>6-28-55</u>	NAME OF CEMETERY OR CREMATORY <u>Harmon</u>	LOCATION (City, town, or county) (State) <u>Lovettsville Va.</u>
DATE REC'D BY LOCAL REG. <u>June 26-55</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Brown</u>	24. FUNERAL DIRECTOR <u>C. H. Feltz & Son Brunswick Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WILLIAM V. R.

JUL 1 1900

1900-1901

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No. 138

1. PLACE OF DEATH - COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MD</u> COUNTY <u>FREDERICK</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>NEAR NEW MARKET</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>NEAR NEW MARKET</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>CHARLES WILBUR CARSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 22 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 6 1896</u>
9. AGE last birthday <u>59</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>CHARLES CARSON</u>		14. MOTHER'S MAIDEN NAME <u>ELIZABETH COUGHLIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT AND ADDRESS <u>Mrs. ELIZABETH FALCOWER</u>		<u>NEW MARKET MD</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X

Immediate cause

(a) Gunshot wound of head

INTERVAL BETWEEN ONSET AND DEATH

Instant

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office, etc.) OF INJURY <u>Home</u>	(CITY OR TOWN) <u>New Market</u> (COUNTY) <u>Frederick</u> (STATE) <u>Maryland</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 22 1955 7A m.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Self-inflicted gunshot wound</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☒ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles H. Conley, Jr. M.D. Acting Dep. Med. Exam.

Frederick, Maryland

6/22/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>BURIAL</u>	<u>JUNE 24 1955</u>	<u>MT OLIVET CEMETERY</u>	<u>FREDERICK</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>June 23 55</u>	<u>Lucian K. Falconer</u>	<u>W. E. Falconer</u>	<u>New Market</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 10 1965



5585

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Frederick, Co.		LENGTH OF STAY (in this place) 30 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Frederick, Co.		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harmony Grove... Haywood Rd.				STREET ADDRESS (If rural give location) Harmony Grove.... Haywood Rd.			
3. NAME OF DECEASED: (First) Charles		(Middle) Wilson		(Last) Cartnail		4. DATE OF DEATH: June 7 19 55	
5. SEX: Male		6. COLOR OR RACE: Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: Sept. 13, 1884	
9. AGE last birthday: 70 yrs.		10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm Helper		11. BIRTHPLACE (State or foreign country): Frederick, Co.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Thomas Cartnail				14. MOTHER'S MAIDEN NAME: Hester Palmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY No.: 214-03-5981		17. INFORMANT & ADDRESS: Grace M. Cartnail, Harmony Grove... Haywood Rd. Fred, Co.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 Immediate cause (a) Coronary Thrombosis							
Antecedent causes (s) (b) Arterio Sclerosis							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, or office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 7, 1955, to June 7, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 3:00 PM, from the causes and on the date stated above.							
SIGNATURE B. L. Thomas M.D.				DATE SIGNED June 8, 1955			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		June II, 1955		John Wesley		Libertytown, Fred. Co. Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
9 June 1955		Elizabeth S. Hersh		Charles E. Hicks III		Frederick, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 1

RECEIVED

5586

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Baltimore City	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
X TOWN Cullen		294 days.		TOWN Baltimore		3Y 1-4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) 27 N. Carey Street			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
Donald MacDonald Christie				June 30 19 55			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	Married	5/9/1884	71 yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): D.P.W. & OAA closed May 1954				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Kansas	
13. FATHER'S NAME: William Longsdale Christie				14. MOTHER'S MAIDEN NAME: Frances Holt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 219-05-5634A		17. INFORMANT & ADDRESS: Donald MacDonald Christie	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Acute Coronary occlusion						1 week	
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (002X)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis						1 year.	
19A. DATE OF OPERATION: 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 10 , 19 54 to June 30 , 19 55 , that I last saw the deceased alive on June 30 , 19 55 , and that death occurred at 10 a. M. from the causes and on the date stated above.							
SIGNATURE [Signature]		ADDRESS Cullen, Maryland		DATE SIGNED July 1, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7-11-55		NAME OF CEMETERY OR CREMATORY Blue Ridge Cem.		LOCATION (City, town, or county) (State) Thurmont, Md.	
DATE REC'D BY LOCAL REGISTRAR 6/30/55		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR		ADDRESS	

MARGIN RESERVED FOR BINDING



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100-100000

05572

5587

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 147

Item 1 FilmG183 6/27/55 b

1. PLACE OF DEATH COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Ed. Airy RD</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Ed. Mt Airy</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Nr. Harrisville)		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>LUCY</i> (First) <i>RAWLINGS</i> (Middle) <i>COWNES</i> (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>6 - 19 - 1955</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 28, 1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>Calvin Rawlings</i>		14. MOTHER'S MAIDEN NAME <i>Eleanor Rawlings Acton</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Unknown</i>	
		17. INFORMANT AND ADDRESS <i>Mrs. C. W. Foster (Daughter)</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) *Carcinoma Liver with*
(b) *General Metastasis*
(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *April, 1955* to *June 19, 1955*, that I last saw the deceased alive on *June 18, 1955* and that death occurred at *12:45 P.M.* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>6-22-55</i>	NAME OF CEMETERY OR CREMATORY <i>Congressional Cem.</i>	LOCATION (City, town, or county) <i>Washington D.C.</i> (State)
DATE REC'D BY LOCAL REG. <i>June 19, 1955</i>	REGISTRAR'S SIGNATURE <i>Clarence A. Kunkle</i>	24. FUNERAL DIRECTOR <i>W. W. Chambers</i>	ADDRESS <i>517-11th St. N.E.</i>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

BUCHANAN V. S.

JUN 21

1859

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Item 21 Film G183 7-6-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH

05573

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

5557

1. PLACE OF DEATH - COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (In ^{is} place) 10 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 Pennsylvania Ave.				STREET ADDRESS (If rural, give location) 121 Pennsylvania Ave.			
3. NAME OF DECEASED (Type or Print) Betty		(First)		(Middle) Jane		(Last) Crawford	
4. DATE OF DEATH June 21		(Month)		(Day)		(Year) 1955	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH 5-13-1928	
9. AGE last birthday 27 yrs.		10. UNDER 1 year Months		11. UNDER 24 hrs. Days		12. UNDER 24 hrs. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George E. Reynolds				14. MOTHER'S MAIDEN NAME Mary Steward			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 215-26-8755		17. INFORMANT AND ADDRESS Mr. John E. Crawford (husband)		121 Pa. Ave. Fred'k. Md.	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 721.0 Aspiration Asphyxia Immediate cause (a)						INTERVAL BETWEEN ONSET AND DEATH Mins.	
Antecedent cause(s) Disease or condition(s), if any, giving rise to the above cause, stating the underlying cause last (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION June 21, 1955		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. none		PLACE (Home, farm, factory, street, office bldg., etc.) Home		(CITY OR TOWN) Frederick		(COUNTY) Fred.	
TIME (Month) (Day) (Year) (Hour) OF INJURY June 21, 1955 10:30 pm.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR? Was laughing and regurgitated highly acid gastric fluid contents.			
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> . SIGNATURE Robert J. Jure, M.D., R.D.O.G., Frederick, Md. DATE SIGNED June 22, 1955							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 6-24-1955		NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick Maryland	
DATE REC'D BY LOCAL REG. 23 June 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR C.E. Cline and Son-Frederick, Maryland			

EDMUND A. S.

JUN 1

1888

5558

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 614 Wilson Place				STREET ADDRESS (If rural give location) 614 Wilson Place			
3. NAME OF DECEASED: (First) GRACE		(Middle) ELEANOR		(Last) CRUM		4. DATE OF DEATH: (Month) June (Day) 4 (Year) 19 55	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE MARRIED (Specify): Married	8. DATE OF BIRTH: April 7, 1890		9. AGE last birthday: 65 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Thomas M. Wachter				14. MOTHER'S MAIDEN NAME: Cynthia Measell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mr. Glenn R. Crum - Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
Immediate cause (a) Cancer of rectum with metastases.						4 months	
Antecedent causes (s) (b) DUE TO							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) DUE TO							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 1955 , to June 4, 1955 , that I last saw the deceased alive on June 3, 1955 , and that death occurred at 11:00 A.M. from the causes and on the date stated above.							
SIGNATURE Bob Martin M.D.		(Degree or title)		ADDRESS 35 E. Church Frederick, Md		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF June 7, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR June 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 8 1965

100

100

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5559
CERTIFICATE OF DEATH

05575

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) Since 1910		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 331 East Third Street				STREET ADDRESS (If rural give location) 331 East Third Street			
3. NAME OF DECEASED: (First) NORMA		(Middle) EDNA		(Last) DARNER		4. DATE (Month) (Day) (Year) OF DEATH: June 19, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widow	8. DATE OF BIRTH: 20 Aug 1872		9. AGE last birthday 82		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		10B. KIND OF BUSINESS OR INDUSTRY: At Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Horatio Zittle				14. MOTHER'S MAIDEN NAME: Charlotte Toms			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 100 W. Church St., Sherman P. Bowers, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
260x IMMEDIATE CAUSE (A) <u>Diabetes Mellitus</u>						20 yrs.	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 14, 1955, to June 14, 1955, that I last saw the deceased alive on June 14, 1955, and that death occurred at 1:50 A.M. from the causes and on the date stated above.							
SIGNATURE <u>H. Klein</u>		M.D. Frederick, Maryland		DATE SIGNED 20 June 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 22 June 1955		NAME OF CEMETERY OR CREMATORY Reformed Cemetery		LOCATION (City, town, or county) (State) Middletown, Maryland	
DATE REC'D BY LOCAL REGISTRAR 21 June 1955		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hark</u>		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

WILLIAM V. S.

1870-1871

5560

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>11 Frederick</u>		<u>20 days</u>		<u>Union Bridge-Rural- R. D. #2</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Mem. Hosp.</u>				STREET ADDRESS (If rural give location) <u>Near Libertytown</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>Michael David DeGrange</u>				OF DEATH: <u>June 23 1955</u>			
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>June 3, 1955</u>	9. AGE last birthday: <u>20</u> yrs	IF UNDER 1 YEAR: Months Days Hours Min.	IF UNDER 24 HRS.:	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY: <u>Infant.</u>		11. BIRTHPLACE (State or foreign country): <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John Luther DeGrange</u>				14. MOTHER'S MAIDEN NAME: <u>Nellie Elizabeth Burrier</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>Y</u>		16. SOCIAL SECURITY NO.:		17. INFORMANT & ADDRESS: <u>Hosp. records</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <u>764.5</u>		(A) DUE TO <u>Ileitis, acute</u>					
ANTECEDENT CAUSE (S):		(B) DUE TO <u>Sclerema</u>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(C) DUE TO <u>Prematurity</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>2</u>		19B. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12 June 1955</u> , to <u>22 June 1955</u> , that I last saw the deceased alive on <u>22 June, 1955</u> , and that death occurred at <u>4:25 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>R L Guest</u>		M. D. <u>Frederick</u>		DATE SIGNED <u>23 June 55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>June 24, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		LOCATION (City, town, or county) (State) <u>Middletown, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>23 June 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hark</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING



5561

CERTIFICATE OF DEATH

Reg. Dist. No.

05577
131

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) 157 West Patrick Street	
3. NAME OF DECEASED: (First) (Middle) (Last) NINA GRACE DEVILBISS		4. DATE (Month) (Day) (Year) OF DEATH: June 6, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 4 December 1890
9. AGE last birthday: 64 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Laundry	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Edward Devilbiss		14. MOTHER'S MAIDEN NAME: Laura Michael	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 214-10-3885	
17. INFORMANT & ADDRESS: 265 W. Patrick St., Mrs. Helen F. Keller, Frederick, Maryland			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Pulmonary edema			hours
ANTECEDENT CAUSE (S) (B) Coronary atherosclerosis			48 hours
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (C) Diabetes mellitus			years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 6/6		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/5, 1955 , to 6/6, 1955 , that I last saw the deceased alive on 6/5, 1955 , and that death occurred at 5:30A M. from the causes and on the date stated above.			
SIGNATURE James B. Thomas		ADDRESS Frederick, Maryland	
DATE SIGNED 7 June 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8 June 1955	
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 8 June 1955		REGISTRAR'S SIGNATURE Elizabeth G. Hoch	
24. FUNERAL DIRECTOR M. R. Etchison & Son		ADDRESS Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WOMAN V. S.

JUN 9 1955

1955 JUN 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

05538

Item 8, Film 182 G-20-55 et

1. PLACE OF DEATH:

COUNTY **Frederick**

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

4 **Frederick**LENGTH OF STAY (in this place)
7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS

69 **Frederick Memorial Hospital**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Maryland

COUNTY

Montg

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN

Dickerson

STREET ADDRESS

(If rural give location)

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

Margaret**Eulia Fisk**

4. DATE OF DEATH:

(Month)

(Day)

(Year)

June**10****19 55**

5. SEX:

6. COLOR OR RACE:

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~
(Specify) **Married**8. DATE OF BIRTH: **1874**9. AGE last birthday: **81** yrs. IF UNDER 1 YEAR IF UNDER 24 HRS.

Months

Days

Hours

Min.

Female**White**

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S

13. FATHER'S NAME:

Daniel Shreve

14. MOTHER'S MAIDEN NAME:

Margaret Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

9

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Carroll Fisk, Dickerson Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause

(a) ...
DUE TO**Cancer of The Left Breast**

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.(b) ...
DUE TO

(c)

Interval Between Onset And Death

3 years

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JUNE, 1950**, to **10 June, 1955**, that I last saw the deceasedalive on **9 June, 1955**, and that death occurred at **10 35 AM**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Edwin M Smith**M.D****Barnesville****10 June 55**

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

Barnesville Md

ADDRESS

11 June 1955**Elizabeth B. Heck****Wallace B. Nelson****Barnesville Md**

BUREAU V. S.

JUN 14 1955

NEGATIVE

5563

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Frederick</u> LENGTH OF STAY (in this place) <u>Weeks</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Three Pines' Nursing Home</u>		STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Mt. Pleasant</u> STREET ADDRESS (If rural give location) <u>/</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(Type or Print) <u>ANNA</u> (Middle) <u>MARY</u> (Last) <u>FLORA</u> DECEASED:		OF DEATH: <u>June</u> <u>21</u> , 19 <u>55</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
<u>Female</u>	<u>White</u>	<u>Widow</u>	<u>October 9, 1875</u>
9. AGE last birthday		10. BIRTHPLACE (State or foreign country):	
<u>79</u> yrs.		<u>Maryland</u>	
11. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY?	
<u>USA</u>		<u>USA</u>	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
<u>Unknown</u>		<u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<u>No</u>		<u>None</u>	
17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
<u>Charles S. Flora, Mt. Pleasant, Maryland</u>		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>199.9</u> IMMEDIATE CAUSE (A) <u>Carcinomatous</u> ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)	
19. DATE OF OPERATION:		20. AUTOPSY?	
<u>C</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from, 19 <u>53</u> to <u>6/21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/20</u> , 19 <u>55</u> , and that death occurred at <u>5:30 P.M.</u> from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
<u>James B. Thomas</u>		<u>6/22/1955</u>	
ADDRESS		M. D.	
<u>Frederick, Maryland</u>		<u>Frederick, Maryland</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24. FUNERAL DIRECTOR ADDRESS	
<u>Burial</u>		<u>M. R. Etchison & Son, Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
<u>24 June 1955</u>		<u>Elizabeth G. Heck</u>	

MARGIN RESERVED FOR BINDING

BUREAU A. S.

100

100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5588

05580

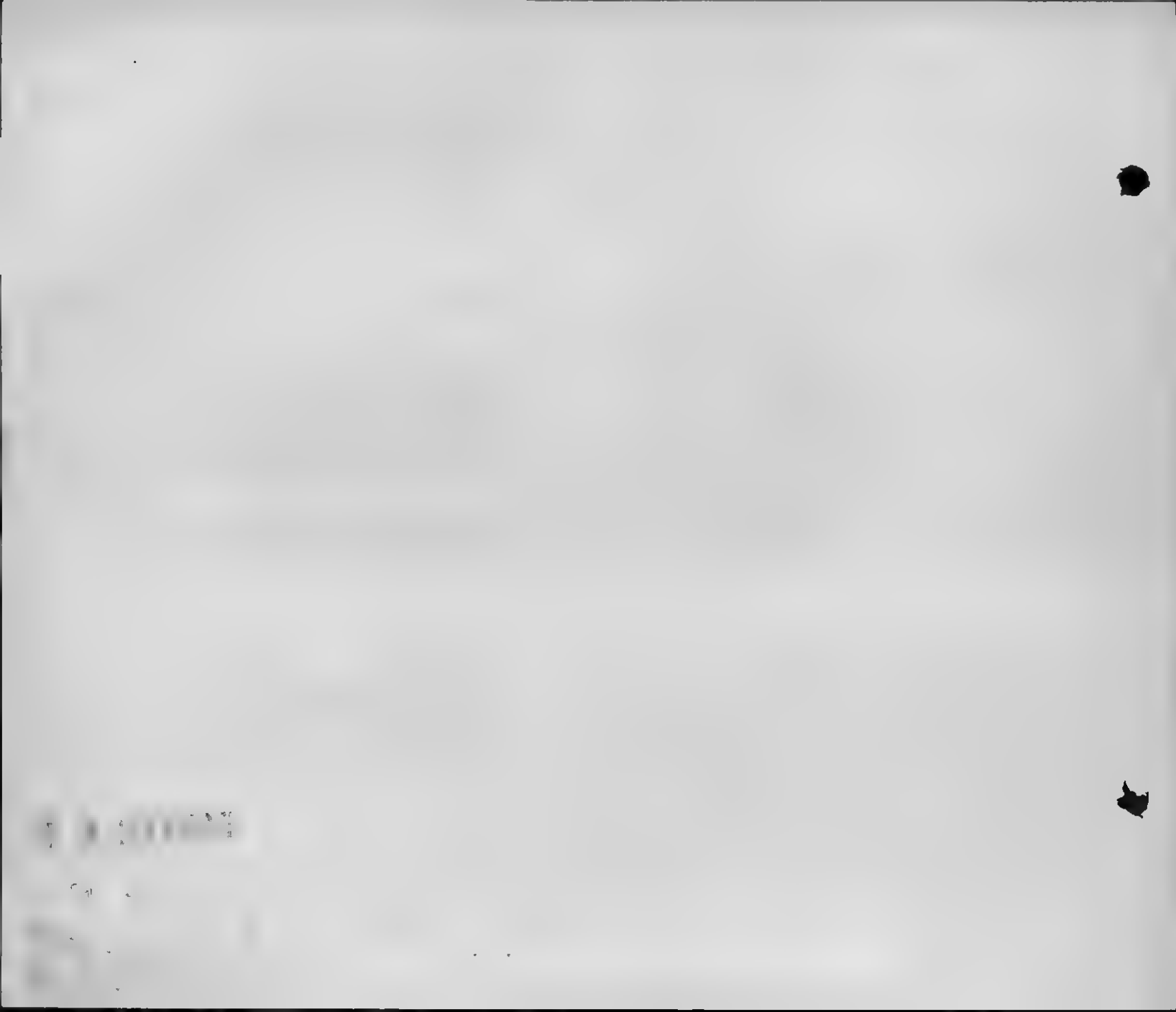
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 138

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY FREDERICK		MARYLAND		STATE PENNA.		COUNTY BUTLER	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN BARTHOWS		LENGTH OF STAY (in this place) 2 WEEKS		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN PROSPECT		75x3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS MT. AIRY, RFD #1				STREET ADDRESS (If rural, give location) RFD #1			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First) ROSIE (Middle) NANCY (Last) GRAHAM				(Month) JUNE (Day) 12 (Year) 1955			
5. SEX: FEMALE		6. COLOR OR RACE: WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED		8. DATE OF BIRTH: 14 July 1892	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY: AT HOME		11. BIRTHPLACE (State or foreign country): PENNA.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: JOHN PATTERSON				14. MOTHER'S MAIDEN NAME: ELIZABETH BLACK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY No.: NONE		17. INFORMANT & ADDRESS: GEORGE L. GRAHAM, RTE1, PROSPECT, PA., HUSBAND			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) ACUTE CONGESTIVE HEART FAILURE DUE TO Antecedent cause(s) (b) ARTERIOSCLEROTIC HEART DISEASE Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)						20 YRS.	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH NONE				21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE Robert J. Junie,				CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> 6-12-55 ASSISTANT MEDICAL EXAM.			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Removal		12 June 1955		Prospect-Butler County, Pa.		Pa.	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
12 June 1955		Lucian K. Falconer		M. R. Etchison & Son, Frederick, Maryland		Frederick, Maryland	



5564

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 25 years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1306 West 7th Street				STREET ADDRESS (If rural give location) 1306 West 7th Street			
3. NAME OF DECEASED: (First) ROY		(Middle) DILLER		(Last) HAHN		4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: December 24, 1904		9. AGE last birthday: 50 yrs. If UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY: Transportation		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Hahn				14. MOTHER'S MAIDEN NAME: Laura Fogle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: 212-24-2871		17. INFORMANT & ADDRESS: Mrs. Roy D. Hahn - Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) Coronary Thrombus Antecedent causes (s) (b) DUE TO Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) DUE TO						Interval Between Onset And Death 2 minutes	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: C				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 25, 1955 , to June 25, 1955 , that I last saw the deceased alive on June 10, 1955 , and that death occurred at 10:30 P.M. from the causes and on the date stated above. SIGNATURE H. H. Kline M.D. ADDRESS Frederick, Md. June 28, 1955							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		June 29, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
28 June 1955		Elizabeth G. Heck		C. E. Cline & Son - 8 East Patrick Street		Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 10 1900

RECEIVED
JUN 10 1900

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05582
5565
CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>100 West Fifth Street</u>		STREET ADDRESS (If rural give location) <u>100 West Fifth Street</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>SARAH</u>	(Middle) <u>CATHERINE</u>	(Last) <u>HAMMOND</u>	DATE OF DEATH: <u>June 2, 1955</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Colored</u>	7. <u>SINGLE</u> MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>May 21, 1875</u>
9. AGE last birthday: <u>80</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Emanuel Goins</u>		14. MOTHER'S MAIDEN NAME: <u>Emily DeMarr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS: <u>Mr. William A. Hammond, Frederick, Md.</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Ch. Cordis Rupt. U. vascular chain</u>		<u>3 1/2</u>	
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-2</u> , 19 <u>55</u> , to <u>6-2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-2</u> , 19 <u>55</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>U. G. Baun</u>		DATE SIGNED <u>6/3/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>June 6, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>			

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011 100 100

5566

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY **Frederick**

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) **Frederick** LENGTH OF STAY (in this place) **1 week**HOSPITAL OR NURSING HOME
INSTITUTION OR STREET ADDRESS **7 East 4th.St.**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland**COUNTY **Frederick**CITY (If outside corporate limits, write RURAL and give nearest town) **Brunswick**

STREET ADDRESS (If rural give location)

North Virginia Ave.

3. NAME OF DECEASED:

(First)

Anna

(Middle)

Mae

(Last)

Himes

4. DATE

(Month)

6

(Day)

19

(Year)

1955

5. SEX:

Female

6. COLOR OR

White

7. SINGLE, MARRIED,

Widowed

8. DATE OF BIRTH:

9-15-1885

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS

69

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): **House wife**10b. KIND OF BUSINESS OR INDUSTRY: **Home**11. BIRTHPLACE (State or foreign country): **West Virginia**12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME:

Richard Wise

14. MOTHER'S MAIDEN NAME:

Eliza Carpenter15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **No**

16. SOCIAL SECURITY No.:

-

17. INFORMANT & ADDRESS:

Thomas M. Tucker, Jefferson, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

1 yr.**years.**

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-18**, 19**55**, to **6-19**, 19**55**, that I last saw the deceasedalive on **6-18**, 19**55**, and that death occurred at **5:45 AM**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

Burial**6-22-55****St. Lukes****Brownsville, Wash. Co., Md.**

DATE RECD BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

22 June 1955**Elizabeth G. Heck.****C.H. Feete and Bro. Brunswick, Md.**

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JUN 24 1900

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5589

CERTIFICATE OF DEATH

Reg. Dist. No.

05584

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and give nearest town) Rural Harney		LENGTH OF STAY (in this place) 65 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Harney			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED: (First) (Middle) (Last) Flem Hoffman				4. DATE (Month) (Day) (Year) OF DEATH: June 13 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: July 21, 1870	
				9. AGE last birthday: 84 yrs		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer				10B. KIND OF BUSINESS OR INDUSTRY: Own Farm		11. BIRTHPLACE (State or foreign country): Penna.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME: Alexander Hoffman				14. MOTHER'S MAIDEN NAME: Sarah Walters			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.: none			
17. INFORMANT & ADDRESS: George W. Hoffman, Route #1 Gettysburg, Pa.							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) arteriosclerotic cardiovascular disease							
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 7/10/55				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 19 , to June 13, 1955 , that I last saw the deceased alive on June 10, 1955 , and that death occurred at 230 M, from the causes and on the date stated above.							
SIGNATURE W. R. Cagle		M. D. Emmaburg Pa		DATE SIGNED 6-13-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/16/55		NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		LOCATION (City, town, or county) (State) Harney, Carroll, Maryland	
DATE REC'D BY LOCAL REGISTRAR June 13 1955		REGISTRAR'S SIGNATURE M. F. Smith		24. FUNERAL DIRECTOR C.O. Fuss & Son, Taneytown, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BRAND A. B.

MADE IN U.S.A.

100% COTTON

5567

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>md</u>	COUNTY <u>Carroll</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u>	LENGTH OF STAY (in this place) <u>3 days</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Lansytown</u>	<u>06X-2</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>		STREET ADDRESS (rural give location)	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>MAMIE</u>	(Middle) <u>E.</u>	(Last) <u>HOUCK</u>	OF DEATH <u>June 21 1955</u>
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>widowed</u>	8. DATE OF BIRTH: <u>July 7 1875</u>
9. AGE last birthday: <u>79</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>md</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Seamstress</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME: <u>Wilford A. Renner</u>		14. MOTHER'S MAIDEN NAME: <u>Martha Derr</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>215-03-3531</u>	
17. INFORMANT & ADDRESS: <u>Mr. Bruce A. Houck, 616 Middle St., Fred.</u>			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
584X IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis</u>		3 hrs	
ANTECEDENT CAUSE (S) (B) <u>Stroke in common bile duct</u>		6 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (C) <u>+ peritonitis</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 15, 1955</u> , to <u>June 21, 1955</u> , that I last saw the deceased alive on <u>June 20, 1955</u> , and that death occurred at <u>1:00 A M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Bl. H. H. H.</u>		DATE SIGNED <u>6/22/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>6/23/55</u>	
NAME OF CEMETERY OR CREMATORY <u>mt hope</u>		LOCATION (City, town, or county) <u>Woodsboro md</u>	
24. FUNERAL DIRECTOR		ADDRESS	
DATE REC'D BY LOCAL REGISTRAR <u>22 June 1955</u>		REGISTRAR'S SIGNATURE <u>Elizab. S. Heck</u>	
24. FUNERAL DIRECTOR <u>G. C. Barton</u>		ADDRESS <u>Walkersville, md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. BUREAU OF

JUN 1941

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05586

5568

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick	LENGTH OF STAY (in this place) Since 5/6/46	CITY (If outside corporate limits, write RURAL and give nearest town) OR Dundalk 53X-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 I. O. O. F. Home		STREET ADDRESS (If rural give location) Dogwood Road near Wise Avenue ✓	
3. NAME OF DECEASED: (First) (Middle) (Last) ANNA INNIS		4. DATE (Month) (Day) (Year) OF DEATH: June 13, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: 3 August 1874
9. AGE last birthday: 80 yrs.		10. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		10B. KIND OF BUSINESS OR INDUSTRY: I. O. O. F. Home	
11. BIRTHPLACE (State or foreign country): Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry Harman Deisreth		14. MOTHER'S MAIDEN NAME: Mary Corlee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: None	
17. INFORMANT & ADDRESS: I. O. O. F. Home Records		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1 IMMEDIATE CAUSE (A) <i>Coronary occlusion</i>			
ANTECEDENT CAUSE (B) <i>Chronic myocarditis</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1953 to 6-13, 1955 that I last saw the deceased alive on 6-13, 1955, and that death occurred at 10 P M, from the causes and on the date stated above.			
SIGNATURE <i>J. M. Smith</i>		ADDRESS M. D. Frederick, Maryland	
DATE SIGNED 13 June 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
Burial		16 June 1955	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Glen Haven Memorial Park		Nr. Glen Burnie, Maryland	
24. FUNERAL DIRECTOR		ADDRESS	
M. R. Etchison & Son, Frederick, Maryland			

U.S. BUREAU OF

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

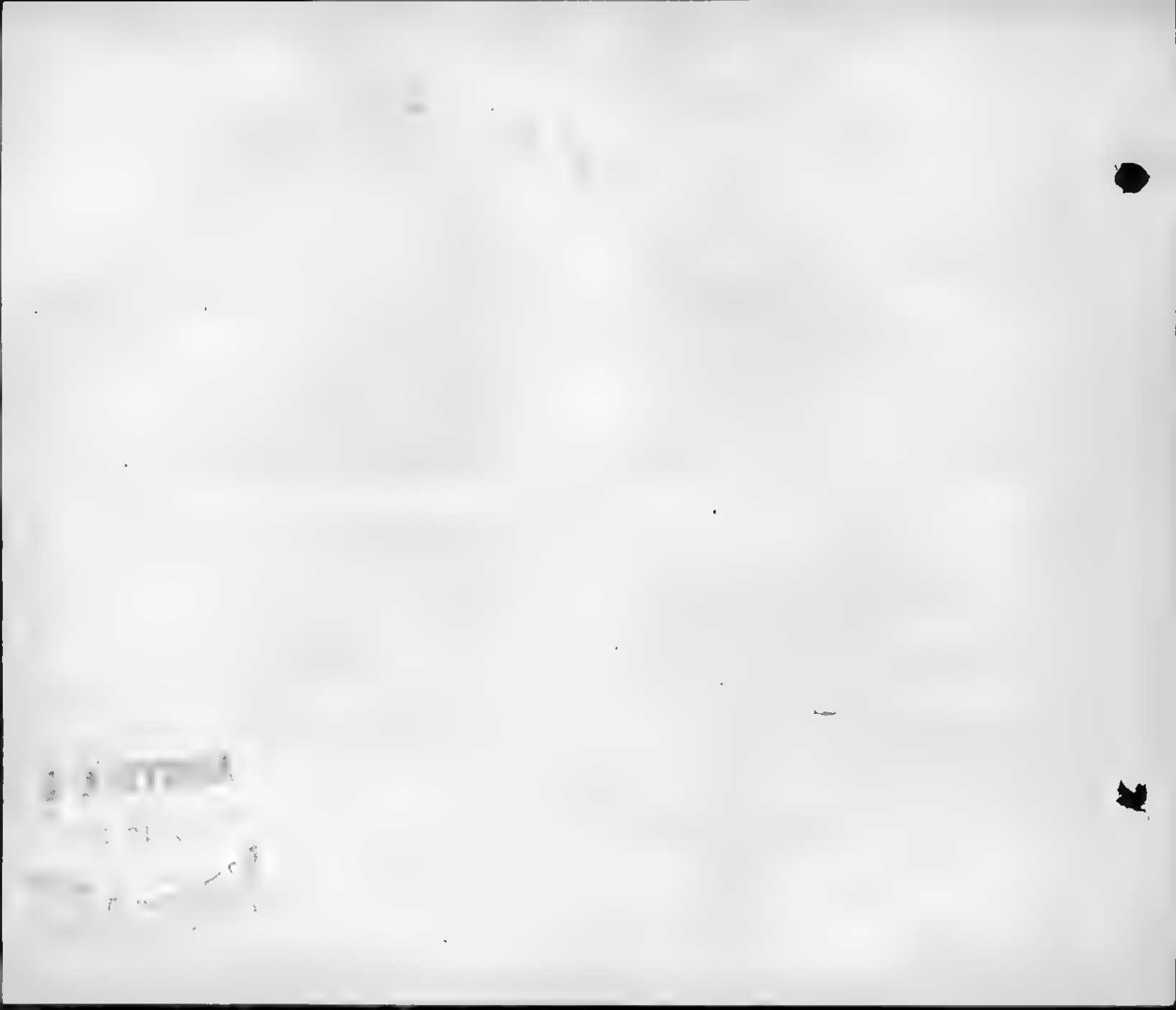
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 195587

5590

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Md		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Rural Thurmont		LENGTH OF STAY (In this place) 5 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED: (First) (Middle) (Last) George Staley Jacobs				4. DATE (Month) (Day) (Year) OF DEATH: June 7, 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Feb. 27th. 1925	9. AGE last birthday: 30 yrs.	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10B. KIND OF BUSINESS OR INDUSTRY: Cannon Shoe Co		11. BIRTHPLACE (State or foreign country): Frederick Co Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: George F. Jacobs				14. MOTHER'S MAIDEN NAME: Myrtle M. Danner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-24-9249		17. INFORMANT & ADDRESS: Mary Louise Jacobs Thurmont. Md			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE		(A) Diabetes Mellitus				5 yrs.	
ANTECEDENT CAUSE (B)		DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO					
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: None		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1- , 1955 to June 7 , 1955 that I last saw the deceased alive on June 7- , 1955, and that death occurred at 5:30 PM , from the causes and on the date stated above.							
SIGNATURE James K. Gray		ADDRESS Thurmont. Md.		DATE SIGNED June 8-1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 10, 1955		NAME OF CEMETERY OR CREMATORY Rocky Hill Cem.		LOCATION (City, town, or county) (State) Near Woodboro MD	
DATE REC'D BY LOCAL REGISTRAR June 10, 1955		REGISTRAR'S SIGNATURE Blanche J. Eyer		24. FUNERAL DIRECTOR M.L. Creager & Son		ADDRESS Thurmont Md	



5569

MARYLAND STATE DEPARTMENT OF HEALTH

05588

Item 18 Film 0183 7-6-55

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>108 N. Bentz St.</u>		STREET ADDRESS (If rural, give location) <u>108 N. Bentz St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>HELEN</u>	(Middle) <u>LOUISE</u>	(Last) <u>JOHNSON</u>
4. DATE OF DEATH	(Month) <u>JUNE</u>	(Day) <u>17</u>	(Year) <u>1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>24 July 1889</u>
9. AGE last birthday <u>65</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Thomas S. Eader</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Ebert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>214-34-2469</u>	
17. INFORMANT AND ADDRESS <u>Richard D. Johnson, Sparks, Maryland</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Congestive heart failure

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Robert J. Jurek, M.D., R206, Frederick, Md. 6-17-55

23. BURIAL, CREMATION, OR OTHER (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

20 June 1955Elizabeth B. HeckM. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BECKING V. S.

1951

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5591
CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND	CITY (If outside corporate limits, write, RURAL, and give nearest town) OR TOWN <u>Rural Frederick</u>	STATE <u>Md.</u> COUNTY <u>Frederick</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Middletown</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH:	
<u>Charles Ernest Keller</u>		<u>June 5, 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Oct. 18, 1886</u>
9. AGE last birthday: <u>68</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Stock Clerk - Plumbing</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Middletown Md.</u>	
11. BIRTHPLACE (State or foreign country): <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>John C. Keller</u>		14. MOTHER'S MAIDEN NAME: <u>Annie Remsberg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>216-14-6824</u>	
17. INFORMANT & ADDRESS: <u>Charles E. Keller Jr. Frederick Md.</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>			<u>35 min.</u>
ANTECEDENT CAUSE (B) <u>(1) Myocardial infarction</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Heart Block</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>A</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-5-55</u> , 19 <u>55</u> to <u>6-5-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-5-55</u> , 19 <u>55</u> , and that death occurred at <u>7:05 PM</u> , from the causes and on the date stated above.			
SIGNATURE <u>J. E. Harp</u>		DATE SIGNED <u>6-6-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>6-7-55</u>	
NAME OF CEMETERY OR CREMATORY <u>Reform Cem.</u>		LOCATION (City, town, or county) (State) <u>Middletown, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>6 June 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Herb</u>	
24. FUNERAL DIRECTOR		ADDRESS <u>Gladhill Co. Middletown</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DUPLICATE V. S.

8 NOV

114-1-1-1

5570

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick	LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick	11
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 306 East Third Street	STREET ADDRESS (If rural give location) 306 East Third Street		
3. NAME OF DECEASED: (First) (Middle) (Last) LILLIAN ALICE KLINE		4. DATE (Month) (Day) (Year) OF DEATH: June 17, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: 28 Aug 1886/1884
9. AGE last birthday: 70 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		10B. KIND OF BUSINESS OR INDUSTRY: At Home	
11. BIRTHPLACE (State or foreign country): Frederick, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Clayton Fout		14. MOTHER'S MAIDEN NAME: Mary Alice Hoffman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT & ADDRESS: Mrs. Guy L. Ernest, RD#6, Frederick, Md.			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
350X IMMEDIATE CAUSE (A) <i>Broncho-pneumonia</i>		10 day	
ANTECEDENT CAUSE (S) (B) <i>Parkinson's disease</i>		5 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <i>Decubitus ulcers</i>		6 weeks	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: C		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1955, to June 17, 1955, that I last saw the deceased alive on June 17, 1955, and that death occurred at 12:30 P.M. from the causes and on the date stated above.			
SIGNATURE <i>Bernard P. Flannery</i>		ADDRESS DATE SIGNED M.D. Frederick, Maryland 18 June 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 20 June 1955	
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 20 June 1955		REGISTRAR'S SIGNATURE <i>Elizabeth B. Hedges</i>	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

1911

1911

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				05591 Reg. Dist.	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131					
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY FREDERICK		MARYLAND		STATE MARYLAND COUNTY FREDERICK	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)	
TOWN NR. FREDERICK		2 YRS.		TOWN RURAL - HYATTSTOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		
EN ROUTE FRED. MEM. HOSP.			(If rural, give location)		
3. NAME OF DECEASED:			4. DATE OF DEATH		
(First) (Middle) (Last)			(Month) (Day) (Year)		
LUCILLE ELIZABETH MATHERS			JUNE 15, 1955		
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	
FEMALE		WHITE		MARRIED	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		8. DATE OF BIRTH: 1919 9. AGE last birthday: 35 36 yrs.	
HOUSEWIFE		AT HOME		MAY 5, 1920	
11. BIRTHPLACE (State or foreign country):			12. CITIZEN OF WHAT COUNTRY?		
DISTRICT OF COLUMBIA			USA		
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:		
CRAIG ANDERSON			RUTH N. HOOVER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
NO				HUSBAND - CLAUDE MATHERS - SAME ADDRESS.	
18. MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					
651.2 Immediate cause (a) ... Air & Water Embolism DUE TO					Mins.
Antecedent cause(s) (b) ... Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Pregnancy, 2 1/2 mos. approx.					
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home		21c. (City or town) (County) (State)	
nr. Hyattstown Fred. Md.		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY June 15, 1955 ca. 11:30 PM		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		Attempt at self-induction of labor with rubber catheter, ear syringe & water.			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE		CHIEF MEDICAL EXAMINER		DATE SIGNED	
Robert J. Jurek		DEPUTY MEDICAL EXAMINER		6-15-55	
M. D.		ASSISTANT MEDICAL EXAM.			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial		6-17-55		Arlington National	
LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR		ADDRESS	
Arlington, Va.		Robert A. Pennington		Bethesda Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			
15 June 1955		Elizabeth S. Hech			



5571

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY

FREDERICK

MARYLAND

CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)

11 FREDERICK

(in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

69 FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Maryland

COUNTY Howard

CITY (If outside corporate limits, write RURAL and give nearest town)

OR TOWN

Rural- Ridgeville

13X-2

STREET ADDRESS

(If rural give location)

R.F.D. Mt. Airy

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

James

William

MOLESWORTH

5. SEX:

6. COLOR OR RACE:

Male

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, SEPARATED

Single

8. DATE OF BIRTH:

Oct. 29, 1898

4. DATE OF DEATH:

(Month)

(Day)

(Year)

JUNE

12

1955

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

56

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired

Country Produce Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Howard Co., Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

James F. Molesworth

14. MOTHER'S MAIDEN NAME:

Lucy Virginia Brashears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY No.:

215-32-5800

17. INFORMANT & ADDRESS:

Mrs James F. Molesworth, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) ...

ACUTE CORONARY THROMBOSIS

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ...

CHRONIC BRONCHITIS

(c) ...

CHRONIC BRONCHIAL ASTHMA

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED

While at Work ☐Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1955, to 6/12, 1955, that I last saw the deceased

alive on JUNE 12, 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL

(Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

14 June 1955

Elizabeth B. Herb

Olin L. Molesworth, Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU A. S.

JUN 12

RECEIVED
JUN 12 1964

5572

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u># rederiach</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>23 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location)		1	
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) <u>Margie</u>		(Middle) <u>H.</u>		(Last) <u>Myers</u>		(Month) (Day) (Year) <u>June 15 1955</u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widow</u>		8. DATE OF BIRTH: <u>Oct 24 1874</u>	
9. AGE last birthday: <u>80</u> yrs.		10. MONTHS: <u>15</u>		11. DAYS: <u>15</u>		12. HOURS: <u>15</u>	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Oil City, Penna</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME: <u>John F. Oberlin</u>			
14. MOTHER'S MAIDEN NAME: <u>Mary Jane Randall</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY No.: <u>no</u>				17. INFORMANT'S ADDRESS: <u>Charles Myers, Thurmont - R.D.</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
Immediate cause (a) <u>Congestive Heart Failure</u>						6 months	
Antecedent causes (s) (b) <u>Nephrosclerosis</u>						6 months	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>Arteriosclerotic Heart Disease</u>						3 years	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>June 17 - 1955</u>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3:40 p.m., 1955, to 1:15 p.m., 1955, that I last saw the deceased alive on 15 June, 1955, and that death occurred at 9:12 A.M., from the causes and on the date stated above.							
SIGNATURE <u>Thomas E. Shaw</u>				ADDRESS <u>463 rd St</u>		DATE SIGNED <u>6-15-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>June 17 - 1955</u>		<u>Blue Ridge Cem</u>		<u>Thurmont, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>16 June 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR <u>M. L. Cregar & Son</u>		ADDRESS <u>Thurmont, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

5593

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Pennsylvania COUNTY York	
CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> TOWN Rural- E. of Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) York	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grove Quarry		STREET ADDRESS (If rural give location) 401 West Market Street	
3. NAME OF DECEASED (First) Jack (Middle) E. (Last) Nye		4. DATE OF DEATH (Month) June (Day) 7 (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH April 22-1930
9. AGE last birthday 25 yrs.		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Quarry Driller		11b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Charles W. Nye		14. MOTHER'S MAIDEN NAME Eldon M. Simmons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT Funeral Director			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) CRUSHED AND RUPTURED THORAX, FRACTURED SPINE, DEPRESSED FRACTURE OF SKULL Antecedent cause(s) (b) OF SKULL Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH INST.
19a. DATE OF OPERATION June 7, 1955		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> PLACE (Home, farm, factory, street, office bldg., etc.) INJURY ROCK QUARRY		(CITY OR TOWN) (COUNTY) (STATE) NR FREDERICK - FREDERICK - MARYLAND	
TIME (Month) (Day) (Year) (Hour) (Minute) JUNE 7, 1955 7:50 p.m.		INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/> CRUSHED BY ROCK FALL IN ROCK QUARRY	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE Robert J. Julie, M.D., Route 6, Frederick, Md. DATE SIGNED 6-7-55			
23. REMOVAL OF REMAINS (Specify) Removal		DATE THEREOF June 7-55	
NAME OF CEMETERY OR CREMATORY York- Pennsylvania		LOCATION (City, town, or county) (State) York- Pennsylvania	
DATE REC'D BY LOCAL REG. 7 June 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck	
24. FUNERAL DIRECTOR C.E.Cline and Son- Frederick- Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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5573

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY FREDERICK CITY (If outside corporate limits, write RURAL and give nearest town) FREDERICK TOWN FREDERICK		MARYLAND LENGTH OF STAY (In this place) 7 hrs.		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fredrick Mem. Hospital		STREET ADDRESS (If rural, give location) 5306 Norwood Avenue			
3. NAME OF DECEASED (First) ROSE (Middle) T (Last) O'CONNOR		4. DATE OF DEATH JUNE 4, (Month) 1955 (Day) (Year)			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 26, 1892	9. AGE last birthday 63 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME FRANCIS X. TIDDY		14. MOTHER'S/MAIDEN NAME LUCY E. PORTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS L. F. Wynn O'CONNOR 5306 Norwood Ave	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause Surgical Shock (Traumatic)		2 hrs.
(b) Antecedent cause(s) Lacerated lung due to fractured ribs		"
(c) Cerebral Concussion		"

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, or office bldg., etc.) Highway	(CITY OR TOWN) M. Lisbon - Carroll - Maryland (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY June 4, 1955 10:30 a.m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Two automobile collision

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE **Robert J. Jure, M.D., Box 236 RD 6, Frederick, Md. 6-4-55** DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	DATE THEREOF 6/4/55	NAME OF CEMETERY OR CREMATORY NEW LUTHERAN CEM	LOCATION (City, town, or county) BALTIMORE MD (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC-6 551 Dr. Nedrick	24. FUNERAL DIRECTOR CHARLES F. EVANS & SON		ADDRESS 118 W. Mt. Royal Ave

MARGIN RESERVE FOR BINDER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



5594

CERTIFICATE OF DEATH

Reg. Dist. No. 139 05596

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>FREDERICK</u>	MARYLAND	STATE <u>MD.</u>	COUNTY <u>FREDERICK</u>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
<u>X</u> TOWN <u>SABILLESVILLE</u>	<u>41 YEARS</u>	<u>SABILLESVILLE</u>	<u>X</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
<u>Post Office Box</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
<u>David EBER OVERCASH</u>		DATE OF DEATH: <u>JUNE 30 1955</u>	
5. SEX: <u>MALE</u>	6. COLOR OR RACE: <u>WHITE</u>	7. SINGLE. MARRIED. WIDOWED. DIVORCED. (Specify): <u>MARRIED</u>	8. DATE OF BIRTH: <u>AUG. 17, 1888</u>
9. AGE last birthday: <u>66</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country): <u>PA. R. 05</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME: <u>REUBEN OVERCASH</u>		14. MOTHER'S MAIDEN NAME: <u>ELIZABETH SPEILMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>Robert E. Overcash, Sablesville, Md.</u>	
17. INFORMANT'S ADDRESS:			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
160X IMMEDIATE CAUSE (A) <u>INANITION</u>		<u>4 WEEKS</u>	
ANTECEDENT CAUSE (B) <u>CARCINOMA of Rt. Nostril</u>		<u>1 Year</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>CARCINOMA of STOMACH</u>		<u>6 MONTHS</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>2</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>JAN., 1953 to JUNE 30., 1955</u> , that I last saw the deceased alive on <u>6-30-55, 1955</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>ROSS L. FURCHMAN</u>		DATE SIGNED <u>M.D. 1174. Main St. Waynesboro Pa. 7-255</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>7/3/55</u>	
NAME OF CEMETERY OR CREMATORY <u>GREEN HILL</u>		LOCATION (City, town, or county) (State) <u>WAYNESBORO, PA.</u>	
DATE REC'D. BY LOCAL REGISTRAR <u>7/3/55</u>		REGISTRAR'S SIGNATURE <u>Walter J. GLOVE</u>	
24. FUNERAL DIRECTOR'S ADDRESS <u>SECOND & BROAD ST. WAYNESBORO, PA.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUCKLEY A. E.

JUL 2 1961

1961 JUL 2

MARYLAND STATE DEPARTMENT OF HEALTH

05597

5595

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 145-

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Myersville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Frederick</u>	
TOWN <u>Myersville</u>		TOWN <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>RDD 6</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>PAUL</u> <u>JOHN</u> <u>PATTISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE</u> <u>16</u> , <u>1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 23, 1916</u>
9. AGE last birthday <u>38</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George T. Pattison</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>705-12-4456</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Charlotte Pattison, Baltimore, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
973.1 Immediate cause (a) <u>Carbon Monoxide Poisoning</u>		<u>Three</u>
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Mountain Forest</u>	(CITY OR TOWN) <u>In Myersville - Frederick - Md.</u>	(COUNTY) <u>Frederick</u>	(STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 16, 1955</u> ? m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Piped exhaust into his station wagon</u>		

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐.

SIGNATURE Robert J. June, M.D., Box 236 RDD 6, Frederick, Md. DATE SIGNED 6-19-55

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 21, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>London Park</u>	LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 21, 1955</u> <u>Flay M. Bittle</u>		24. FUNERAL DIRECTOR <u>Singleton Funeral Home, Glen Burnie, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUCKING V. R.

JUN 15 1955

100-100000-100000

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05598
5598 CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (if outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (if outside corporate limits, write RURAL and give nearest town) OR TOWN			
X Rural-Thurmont		49 yrs.		Rural-Thurmont			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (if rural give location)			
				Route # 1			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
LESTER JOSEPH PENWELL				June 3 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
Male	White	Married	Oct. 2, 1905	49			
10A. USUAL OCCUPATION (Give kind of work done during most of working life.)		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Aircraft Worker		Fairchild's		Thurmont Fred. Co. Md.		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
George L. Penwell				Edith Stitley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
no				213-18-9191		Mrs. Robert Gelwick, Thurmont, Md.	
18. MEDICAL CERTIFICATION				Rt. #1			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
157X				3 mo.			
IMMEDIATE CAUSE				(A) Carcinomatosis			
ANTECEDENT CAUSE (B):				DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(B) Adenocarcinoma of pancreas			
				DUE TO			
				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5/2/55		Carcinomatosis					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 1, 1954 , to June 4, 1955 , that I last saw the deceased alive on June 3, 1955 , and that death occurred at 10:45 PM from the causes and on the date stated above.							
SIGNATURE M. Joseph Bink				DATE SIGNED 6/4/55			
M. D. Thurmont Md.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		June 7, 1955		Blue Ridge		Thurmont, Fred. Co. Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
June 7 1955		Blauche S. Eyles		M.L. Creager & Son, Thurmont, Md.			

INFORM

1. 1. 1.

5597

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Point of Rocks	LENGTH OF STAY (in this place) 50 Years	CITY (If outside corporate limits, write RURAL and give nearest town) Point of Rocks	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10		STREET ADDRESS (If rural give location) 1	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) BETTIE	(Middle) ELIZABETH	(Last) PEOMROY	June 18, 1955
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: 1 June 1878
9. AGE last birthday: 77 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		10B. KIND OF BUSINESS OR INDUSTRY: At Home	
11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Jenkins		14. MOTHER'S MAIDEN NAME: Eliza Waddell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY NO.: None	
17. INFORMANT & ADDRESS: Miss Mammie Peomroy, Point of Rocks, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) 420.0 Sub Congestive Failure			6 max.
ANTECEDENT CAUSE (B) Arterio-sclerotic heart dis.			10 yrs ±
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 19 55 , to 18 June , 19 55 , that I last saw the deceased alive on 16 June , 19 55 , and that death occurred at 11 AM , from the causes and on the date stated above.			
SIGNATURE Charles H. Conley Jr.		DATE SIGNED 20 June 1955	
M.D. Frederick, Maryland			
23. BURIAL, CREMATION, (SPECIFY) Burial		DATE THEREOF 21 June 1955	
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery		LOCATION (City, town, or county) (State) Point of Rocks, Maryland	
DATE REC'D BY LOCAL REGISTRAR 21 June 1955		REGISTRAR'S SIGNATURE Elizabeth B. Hark	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

ROBERT A. S.

JUN

10/1

5574

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town) Frederick
 STREET ADDRESS (If rural give location) 223 West Patrick Street

3. NAME OF DECEASED:

(First) (Middle) (Last)
HAROLD STANLEY PHEBUS

4. DATE OF DEATH:

(Month) (Day) (Year)
June 2, 1955

5. SEX:

Male

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

Single

8. DATE OF BIRTH:

2 June 1955

9. AGE last birthday

yrs.

10. IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.
6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

Walter Henry Phebus, Jr.

14. MOTHER'S MAIDEN NAME:

Dorothy May Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

223 W. Patrick St.,
Walter H. Phebus, Jr., Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

IMMEDIATE CAUSE

(A)

DUE TO

ANTECEDENT CAUSE (S)

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While ☐ Not while ☐ at work ☐ at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1955, to June 2, 1955, that I last saw the deceased alive on June 2, 1955, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE

H. Lamar Fabiny

ADDRESS

M. D. Frederick, Maryland DATE SIGNED 3 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

DATE THEREOF

3 June 1955

NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

LOCATION (City, town, or county) (State)

Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR

3 June 1955

REGISTRAR'S SIGNATURE

Elizabeth S. Heck-

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

EDWARD A. S.

1917

1917

5598

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Penna.</u>		COUNTY <u>Columbia</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>RD1 Emmitsburg</u>		(in this place) <u>4 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Locust Dale</u>		<u>75X-3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>94</u>				STREET ADDRESS (If rural give location) <u>75X-3</u>			
3. NAME OF DECEASED: (First) <u>Francis</u>		(Middle)		(Last) <u>Pohl</u>		4. DATE OF DEATH: (Month) <u>JUNE</u> (Day) <u>10</u> (Year) <u>1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH:		9. AGE last birthday: <u>72</u> yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Catholic Priest</u>			10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Johnstown Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME: <u>Unknown</u>				14. MOTHER'S MAIDEN NAME: <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY No.: <u>None</u>		17. INFORMANT & ADDRESS: <u>Fr Anthony Kane Gettysburg Pa</u>			
18. MEDICAL CERTIFICATION							Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>420.1</u> Immediate cause (a) <u>Coronary occlusion</u> DUE TO							<u>1/2 hour.</u>
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>Arteriosclerotic Cardiovascular disease</u> DUE TO							<u>years.</u>
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>0</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from .., 19 .., to .., 19 .., that I last saw the deceased alive on .., 19 .., and that death occurred at <u>9:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Charles R Williams MD</u>		(Degree or title)		ADDRESS <u>Emmitsburg Md</u>		DATE SIGNED <u>June 10, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 14 1955</u>		NAME OF CEMETERY OR CREMATORY <u>St. Ignatius Cemetery</u>		LOCATION (City, town, or county) (State) <u>Centralia Columbia Co. Pa.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>June 10-1955 M.F. Shuff</u>		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR <u>Walter Souder</u>		ADDRESS <u>Gettysburg Penna.</u>	

MARGIN RESERVE FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A. JONES

1911

W. A. JONES

5575

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	LENGTH OF STAY (in this place) 4 years	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 701 Rosemont Avenue		STREET ADDRESS (If rural give location) 701 Rosemont Avenue	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) JAMES	(Middle) ARUNAH	(Last) ROGERS	(Month) June (Day) 11 (Year) 1955
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: January 20, 1896
9. AGE last birthday: 59 yrs.		10. CITIZEN OF WHAT COUNTRY? USA	
11. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Contractor		12. BIRTHPLACE (State or foreign country): Maryland	
13. FATHER'S NAME: Charles A. Rogers		14. MOTHER'S MAIDEN NAME: Nora Hardey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY No.: 213-24-9810	
(If Yes, give war or dates of service) World War I		17. INFORMANT & ADDRESS: Mrs. James A. Rogers - Frederick, Maryland	

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		8 mos.
(a) Carcinoma of pancreas		
Immediate cause DUE TO		
(b) Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		

11. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY?	
Conditions contributing to the death but not related to the disease or condition causing death.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION: 27 Dec 1954	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6 Dec**, 1954, to **11 June**, 1955, that I last saw the deceased

alive on **11 June**, 1955, and that death occurred at **7:10 A.M.**, from the causes and on the date stated above.

SIGNATURE (Degree or title) Melvin E. Lea M.D.		DATE SIGNED 13 June 1955	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 14, 1955	Mount Olivet Cemetery	Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
13 June 1955	Elizabeth B. Hoch	C. E. Cline & Son	8 East Patrick Street Frederick, Maryland

MARGIN RESERVE FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 1

RECEIVED

5599

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Rural - Nr. Frederick		Over 50 years		X TOWN Braddock Heights			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vindobona Convalescent Home				STREET ADDRESS (If rural give location) Braddock Heights			
3. NAME OF DECEASED: (First) ALICE		(Middle) MECKEL		(Last) ROHRBACK		4. DATE OF DEATH: June 3 1955	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: October 6, 1876	
9. AGE last birthday: 78 yrs.		10. MONTHS: 6		11. DAYS: 3		12. HOURS: 19	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife				10b. KIND OF BUSINESS OR INDUSTRY: Own home		11. BIRTHPLACE (State or foreign country): Pennsylvania	
13. FATHER'S NAME: Gustavus Meckel				14. MOTHER'S MAIDEN NAME: Anna Worthington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Miss Anna Mary Rohrback - Braddock Heights, Md.			
18. MEDICAL CERTIFICATION							Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause 443x Cerebral Hemorrhage							24 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 260x Hypertensive Cardiovascular Disease							10 yrs +
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus							10 yrs +
19a. DATE OF OPERATION: 0							20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 21, 1955 , to June 3, 1955 , that I last saw the deceased alive on June 2, 1955 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.							
SIGNATURE Henry V. Chase M.D.				DATE SIGNED 6/4/55			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		June 6, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 4 June 1955		REGISTRAR'S SIGNATURE Elizabeth S. Hech		24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street			
				ADDRESS Frederick, Maryland			

MARGIN RESERVE FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 2 1908

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CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL or and give nearest town) Frederick	LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 151 West Patrick Street		STREET ADDRESS (If rural give location) 151 West Patrick Street	
3. NAME OF DECEASED: (First) (Middle) (Last) CHARLES FRANCIS SEEGER		4. DATE (Month) (Day) (Year) OF DEATH: June 4, 19 55	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower	8. DATE OF BIRTH: April 12, 1878
9. AGE last birthday 77 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10B. KIND OF BUSINESS OR INDUSTRY: Hardware Store	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Peter Seeger		14. MOTHER'S MAIDEN NAME: Maria Woerner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No 4 No		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: 151 West Patrick Street A. Melvin Seeger, Frederick, Maryland			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Coronary Thrombosis		5 minutes	
ANTECEDENT CAUSE (S) (B) Arteriosclerotic Heart Disease		3 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan , 19 52 , to 4 June , 19 55 ; that I last saw the deceased alive on 4 June , 19 55 , and that death occurred at 4:55 A.M. from the causes and on the date stated above.			
SIGNATURE Thomson E. Stone		DATE SIGNED 6/4/1955	
ADDRESS Frederick, Maryland			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 6, 1955	
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 6 June 1955		REGISTRAR'S SIGNATURE Elizabeth B. Hach	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

BUREAU A. S.

NO. 2

1950-1951

5600

CERTIFICATE OF DEATH

Reg. Dist. No. 144 ...

1. PLACE OF DEATH COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocky Ridge rural LENGTH OF STAY (in this place) 50 yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS 00				2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocky Ridge Rural X STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Bernice (Last) Shriner			4. DATE (Month) (Day) (Year) OF DEATH: June 23 1955				
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: July 26, 1890	9. AGE last birthday: 64 yrs.	IF UNDER 1 YEAR: Months 10 Days 27 Hours Min. 		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if not now) Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): Frederick County			
13. FATHER'S NAME: Joseph Miller			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
14. MOTHER'S MAIDEN NAME: Margaret Ecker			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)				
16. SOCIAL SECURITY NO.			17. INFORMANT & ADDRESS: Carl Shriner Rocky Ridge, Md.				
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSE (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (260X) (C) 				INTERVAL BETWEEN ONSET AND DEATH 21 days			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus				5 yrs.			
19A. DATE OF OPERATION: None				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None M. 		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 21, 1955 , to June 23, 1955 that I last saw the deceased alive on June 21, 1955 , and that death occurred at 4:50 P.M. from the causes and on the date stated above. SIGNATURE James K. Gray M.D. ADDRESS Thurmont Md. DATE SIGNED June 24-1955							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 26, 1955		NAME OF CEMETERY OR CREMATORY Mt. Tabor Cem. LOCATION (City, town, or county) (State) Rocky Ridge Md.			
DATE REC'D BY LOCAL REGISTRAR June 25, 1955		REGISTRAR'S SIGNATURE Blanchie S. Eyles		24. FUNERAL DIRECTOR ADDRESS M.L. Creager & Son Thurmont, Md.			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU A S

JUN

1950

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05606

5601

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<u>Thurmont</u>		<u>79 yrs.</u>		<u>Thurmont</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)					
(Type or Print) <u>Annie K. Smith</u>		OF DEATH: <u>June 28</u> <u>1955</u>					
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Female</u>	<u>White</u>	<u>Widow</u>	<u>6/12/76</u>	<u>79 yrs.</u>	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife—Own home</u>		<u>None</u>		<u>Thurmont, Md. Rural</u>		<u>Citizen</u> <u>USA</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Upton Geisbert</u>				<u>Mary Susan Hoffman Geisbert</u>			
15. WAS DECEASED EVER IN U.S. ARMY OR FORCED (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT & ADDRESS:			
<u>No</u>		<u>None</u>		<u>Mrs. Morris Stambaugh Thurmont, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
4-27-1 IMMEDIATE CAUSE (A) <u>Coronary occlusion</u>						<u>21 hr.</u>	
ANTECEDENT CAUSE (B) <u>Arteriosclerosis</u>						<u>?</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C) <u>Hypertension</u>						<u>3 yrs.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 27, 1955</u> , to <u>June 28, 1955</u> , that I last saw the deceased alive on <u>June 27, 1955</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>M. Franklin Davis</u>		ADDRESS <u>Thurmont, Md.</u>		DATE SIGNED <u>6/28/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>6/30/55</u>		<u>United Brethren Cem.</u>		<u>Thurmont, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>June 29, 1955</u>		<u>Blanche S. Eyles</u>		<u>M.L. Creager and Son</u>		<u>Thurmont, Md.</u>	

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Mt. Airy</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Mt. Airy</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Hill Street</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>INDIA SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 5, 1955</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-25-1863</u>
9. AGE last birthday <u>92</u> yrs.		10. AGE last birthday If under 1 year If under 24 hrs. <u>92</u> Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Samuel Lowe</u>		14. MOTHER'S MAIDEN NAME <u>Sophia Clary</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Mrs. Della Becraft, Mt. Airy, Md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause <u>Cerebral hemorrhage</u>		<u>3 dys</u>	
Antecedent cause(s) <u>Infirmities of age (91 yrs)</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>55</u> , to <u>June 5</u> , 19 <u>55</u> that I last saw the deceased alive on <u>June 4</u> , 19 <u>55</u> and that death occurred at <u>2 a</u> m., from the causes and on the date stated above.			
SIGNATURE (Degree or title) <u>C. M. Waltz M.D.</u>		ADDRESS <u>Mt. Airy Md.</u>	
23. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		DATE <u>6-7-1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Prospect</u>		LOCATION (City, town, or county) (State) <u>Frederick Co., Md.</u>	
DATE REC'D BY LOCAL REG. <u>June 7, 1955</u>		REGISTRAR'S SIGNATURE <u>Glance A. Kunkler</u>	
24. FUNERAL DIRECTOR <u>C. M. Waltz, Winfield, Md.</u>		ADDRESS <u>Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 2

1955

RECEIVED

5577

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick		LENGTH OF STAY (in this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick		//	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 74 Carver Apt, Broadway and Madison St			
3. NAME OF DECEASED: (Type or Print) Arthur (First) Henry (Middle) Snowden (Last)				4. DATE OF DEATH: June 29 1955			
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Feb 16, 1934	9. AGE last birthday: 21 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired Contractors Helper				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Frederick, Maryland	
13. FATHER'S NAME: Arthur Snowden, Sr				14. MOTHER'S MAIDEN NAME: Geneva Bowie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY NO.: 217-28-5890		17. INFORMANT & ADDRESS: Betty P. Snowden 74 Carver Apts	

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
401.0 Immediate cause (a) Pericarditis, acute & effusion				4 weeks	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute Rheumatic Fever				4 weeks	
(c) Rheumatic heart disease, chronic				years	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 14, 1955, to June 29, 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 6:45 A.M., from the causes and on the date stated above.					
SIGNATURE Robert S. Turner, Jr.		(Degree or title) M.D.		ADDRESS 78 Church St. Frederick Md 7-1-17	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF July 2		NAME OF CEMETERY OR CREMATORY Fairview	
LOCATION (City, town, or county) Frederick Maryland		DATE REC'D BY LOCAL REGISTRAR July 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck	
24. FUNERAL DIRECTOR Charles E. Hicks, 111		ADDRESS 24 West All Saints St			

MARGIN REMOVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

THOMAS V. E.

1955

1955

5578

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <u>Frederick</u> MARYLAND			STATE <u>Maryland</u> COUNTY <u>Frederick</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Frederick</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>			STREET ADDRESS (If rural give location) <u>504 Lee Place</u>		
3. NAME OF DECEASED:			4. DATE (Month) (Day) (Year) OF DEATH:		
(First) (Middle) (Last) <u>LUTHER</u> <u>CHARLES</u> <u>STITLEY</u>			<u>June 24,</u> <u>1955</u>		
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>9 June 1955</u>	<u>15</u> yrs	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Infant</u>			10B. KIND OF BUSINESS OR INDUSTRY:		
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME: <u>Charles Stitley</u>			14. MOTHER'S MAIDEN NAME: <u>Mary Frances Buchanan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT & ADDRESS: <u>504 Lee Place, Frederick, Maryland</u>					

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) <u>Acute Spontaneous Pneumonia, 18 hrs</u>		
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: <u>2</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 June 1955, to 24 June 1955, that I last saw the deceased alive on 24 June 1955, and that death occurred at 8 A. M., from the causes and on the date stated above.

SIGNATURE <u>A. M. Powell, Jr.</u>	DATE SIGNED <u>24 June 1955</u>
ADDRESS <u>M. D. Frederick, Maryland</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>25 June 1955</u>
NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	LOCATION (City, town, or county) (State) <u>Jefferson, Maryland</u>

DATE REC'D BY LOCAL REGISTRAR <u>24 June 1955</u>	REGISTRAR'S SIGNATURE <u>Elyzabeth S. Heck</u>	24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>
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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUTLAND V. S.

JUN

1971

1 5603

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write OR and give nearest town)		RURAL LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN Rural- Myersville		96 yrs.		TOWN Rural- Myersville		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
				Route # 1			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
MARY ELLEN STOTTLEMYER				June 13 1955			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH:	
Female		White		Widowed		Feb. 18, 1859	
9. AGE last birthday: yrs.		10. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
96		Own Home		Nr. Myersville, Fred. Co., Md.		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Levin Hurley				Mary Munson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
no		none		G. Marvin Stottlemeyer, Myersville, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
450.0 Immediate cause							
(a) Generalized Arterio Sclerosis							
DUE TO							
Antecedent causes (s)							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.							
DUE TO							
(b)							
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work Not While At Work		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 12, 1955, to June 13, 1955, that I last saw the deceased alive on June 8, 1955, and that death occurred at 7:15 P.M. from the causes and on the date stated above.							
SIGNATURE J. E. Harp M.D.				DATE SIGNED ADDRESS Woodlawn 6-14-55			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		June 16, 1955		United Brethren		Wolfsville, Fred. Co., Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
June 16, 1955		Floyd M. Bittle		Paul F. Bittle, Myersville, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U. S. A. 1935

U. S. A. 1935

U. S. A. 1935

5580

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	LENGTH OF STAY (in this place) 2 days	GIVE (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) /	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH.	
(First) DENNIS	(Middle) JAMES	(Last) SULCER	
(Type or Print)		June 29, 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 27 June 1955
9. AGE last birthday		10. AGE last birthday	
yrs		Months Days Hours Min.	
2		2	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant		10B. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Maynard Vernon Sulcer		14. MOTHER'S MAIDEN NAME: Helen Louise Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Burkittsville, Mrs. Maynard V. Sulcer, Maryland			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			2 days
IMMEDIATE CAUSE (A) et. lactasia			
ANTECEDENT CAUSE (B) imp. & sept. mening & 1/2 pt. lung			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 1/2 pt. lung			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: C		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 27, 1955 to June 29, 1955 , that I last saw the deceased alive on June 29, 1955 , and that death occurred at 7:25A M, from the causes and on the date stated above.			
SIGNATURE Dr. Fred C. E. E. E. E.		DATE SIGNED June 29, 1955	
ADDRESS Frederick, Md.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/29/55	
NAME OF CEMETERY OR CREMATORY Utica Cemetery		LOCATION (City, town, or county) (State) Frederick County Maryland	
DATE REC'D BY LOCAL REGISTRAR 29 June 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

KUHLAU V. S.

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RECEIVED

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MARYLAND STATE DEPARTMENT OF HEALTH

05612

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 800 Montclair Avenue		STREET ADDRESS (If rural, give location) 800 Montclair Avenue	
3. NAME OF DECEASED (Type or Print) ELISABETH (First) MARTIN (Middle) SULLIVAN (Last)		4. DATE OF DEATH June 5, 1955	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH 4 Oct 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feature-writer		10b. KIND OF BUSINESS OR INDUSTRY Newspaper	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Joseph Snyder		14. MOTHER'S MAIDEN NAME Mary Martin Willson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 578-10-1637	
17. INFORMANT AND ADDRESS Mr. Thomas W. Sullivan, 3605 21st Ave., North Arlington, Va.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

GUNSHOT WOUND OF HEAD

Immediate cause

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Frederick-Frederick, (COUNTY) Maryland

TIME (Month) (Day) (Year) (Hour) OF INJURY CA June 5, 1955? m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot Self With Pistol

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Robert J. June, M. D. Deputy Medical Examiner, Frederick, Md.

9 June 1955

23. BURIAL INFORMATION

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

10 June 1955

Elizabeth L. Heck

M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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1710 A. 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5634

CERTIFICATE OF DEATH

056134
Reg. Dist. No. 134

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg,	LENGTH OF STAY (in this place) 2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	

3. NAME OF DECEASED:			4. DATE OF DEATH:		
(First) Emily	(Middle) Virginia	(Last) Tokar	(Month) JUNE	(Day) 25	(Year) 1955
5. SEX: Female		6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		
8. DATE OF BIRTH: Aug. 20, 1909		9. AGE last birthday: 45 yrs.		10. BIRTHPLACE (State or foreign country): U.S.A.	
11a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Nurse		11b. KIND OF BUSINESS OR INDUSTRY: Registered Nurse		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Albert Adelsberger			14. MOTHER'S MAIDEN NAME: Carrie Miller		
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Irvin C. Tokar Emmitsburg, Md.	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause (a) Acute Cardiac Dilatation with failure	DUE TO	1/2 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Epilepsy	DUE TO	several years
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute and Chronic Alcoholism		years
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED White at Work <input type="checkbox"/> Not White At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 A.M. from the causes and on the date stated above.

SIGNATURE Charles R. Williams M.D. ADDRESS Emmitsburg Md DATE SIGNED June 25, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Md.

Burial June 28, 1955 Mt. View Emmitsburg, Frederick Co.

DATE REC'D BY LOCAL REGISTRAR June 27, 1955 REGISTRAR'S SIGNATURE M. F. Shuff F. L. Allison

24. FUNERAL DIRECTOR ADDRESS S. L. Allison Emmitsburg, Md.

U. S. A. CUSTOMS

100-1000



05614

MARYLAND STATE DEPARTMENT OF HEALTH

5695

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERSReg. Dist. No. 134

1. PLACE OF DEATH - COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Rural Emmitsburg		LENGTH OF STAY (in this place) 14 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Emmitsburg, Md.		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emmitsburg, ED.# 1				STREET ADDRESS (If rural, give location) Emmitsburg, R.D.# 1		1	
3. NAME OF DECEASED (Type or Print) MAGGIE CORNELIA TRENT		(First) (Middle) (Last)		4. DATE OF DEATH JUNE 18 1953		(Month) (Day) (Year)	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced		8. DATE OF BIRTH Jan. 9, 1905	
9. AGE last birthday 50 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Lee County Va.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Archie J. King		14. MOTHER'S MAIDEN NAME Sara Battley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 215-14-1722		17. INFORMANT AND ADDRESS Mrs. Maudie W. Cool		Emmitsburg Md. R.D. 1			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 hr
Immediate cause 433.1 (a) Heart disease - probably acute pulmonary edema following paroxysmal tachycardia or fibrillation		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 322.0 (b) Acute alcoholism		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 hrs
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE Charles H. Corley, M.D., Acting Dep. Med. Exam. Frederick Md.		DATE SIGNED 6/18/55	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF June 21, 1955	
NAME OF CEMETERY OR CREMATORY Mt. View		LOCATION (City, town, or county) (State) Emmitsburg, Md.	
DATE REC'D BY LOCAL REG. June 19 1955		24. FUNERAL DIRECTOR S. L. Allison ADDRESS Emmitsburg, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Abstract

100

5676

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Cullen		LENGTH OF STAY (in this place) 445 days		CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore		3401.4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.				STREET ADDRESS (If rural give location) 4227 Ivanhoe Ave.			
3. NAME OF DECEASED: (First) (Middle) (Last) Frank Ralph Williams				4. DATE (Month) (Day) (Year) OF DEATH: 6 14 1955			
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify): Married	8. DATE OF BIRTH: 1/9/1891	9. AGE last birthday: 64 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber		10B. KIND OF BUSINESS OR INDUSTRY: Barber		11. BIRTHPLACE (State or foreign country): Pennsylvania.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Louis Williams				14. MOTHER'S MAIDEN NAME: Mary Shavaise			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.): No		16. SOCIAL SECURITY No. 212-20-8296		17. INFORMANT & ADDRESS: Frank R. Williams, 4227 Ivanhoe Ave., Balto., Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary tuberculosis						18 mos.	
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/26 1954 to 6/14/ 1955 that I last saw the deceased alive on 6/14/ 1955 , and that death occurred at 6:30 A.M. from the causes and on the date stated above.							
SIGNATURE [Signature]		M. D. Cullen, Maryland.		DATE SIGNED 6/14/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6-16-55		NAME OF CEMETERY OR CREMATORY Moreland Mem. Park		LOCATION (City, town, or county) (State) Balto., Md.	
DATE REC'D BY LOCAL REGISTRAR 6/14/55		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR I. B. Lyon, M.D.		ADDRESS John A. Moran, 3000 E. Balto. St.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 16 1961

U.S. DEPT. OF JUSTICE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5697

CERTIFICATE OF DEATH

Reg. Dist. No.

05616

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Thurmont	LENGTH OF STAY (in this place) 43 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) Thurmont	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS (If rural give location) W. Main St.	
3. NAME OF DECEASED: (First) (Middle) (Last) LILLIE * CATHERINE WOOLARD		4. DATE (Month) (Day) (Year) OF DEATH: June 5 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: June 13, 1883
9. AGE last birthday: 71 yrs.		10. BIRTHPLACE (State or foreign country): Thurmont, Fred. Co. Md.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Emanuel Carbaugh		14. MOTHER'S MAIDEN NAME: Mary Ellen O'Connor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no		16. SOCIAL SECURITY NO.: 218-07-1430	
17. INFORMANT & ADDRESS: Ernest Woolard, Thurmont, Md.			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE 434.2		Sudden.	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		2 yrs.	
(A) Heart Failure, Coronary occlusion			
DUE TO			
(B) Cardiac asthma			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: None		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1955 to June 5, 1955 , that I last saw the deceased alive on May 11, 1955 and that death occurred at 4 A.M. from the causes and on the date stated above.			
SIGNATURE James K. Gray		DATE SIGNED June 6-1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 8 1955	
NAME OF CEMETERY OR CREMATORY United Brethern		LOCATION (City, town, or county) (State) Thurmont, Fred. Co. Md.	
DATE REC'D BY LOCAL REGISTRAR June 7 1955		24. FUNERAL DIRECTOR M.L. Creager & Son, Thurmont, Md.	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. BUREAU

JUN 5 1962

RECEIVED

05617

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5608

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN rural--Mt. Airy		CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN rural--Mt. Airy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS (If rural, give location) Woodville	
3. NAME OF DECEASED (Type or Print) EMMA. (First)		4. DATE OF DEATH June 21 (Month) (Day) (Year)	
5. SEX female		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed		8. DATE OF BIRTH 6-21-1883	
9. AGE last birthday 72 yrs.		10. If under 1 year Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	
11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William Wilson		14. MOTHER'S MAIDEN NAME Ellen Ann Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY No. none	
17. INFORMANT AND ADDRESS Mrs. Jeanette Leaf, Mt. Airy, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH
6/20

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 19**55**, to **June 21**, 19**55**, that I last saw the deceasedalive on **June 20**, 19**55**, and that death occurred at **3:50** a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED
6-21-55

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 23, 1955**Charles A. Rumbles****C. M. Waltz****Winfield, Maryland**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

JUN 27 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5609

CERTIFICATE OF DEATH

Reg. Dist. No. 05618 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Frederick</i>	MARYLAND	STATE <i>Md</i>	COUNTY <i>Frederick</i>
CITY (If outside corporate limits, write RURAL and give nearest town) <i>X</i> TOWN <i>Rural Middletown</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) <i>X</i> TOWN <i>Rural Middletown</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>10</i>		STREET ADDRESS (If rural give location) <i>1</i>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) <i>Charles</i>	(Middle) <i>Elmer</i>	(Last) <i>Younkins</i>	<i>6 15 1955</i>
5. SEX: <i>male</i>	6. COLOR OR RACE: <i>white</i>	7. SINGLE , MARRIED, WIDOWED , DIVORCED , (Specify): <i>married</i>	8. DATE OF BIRTH: <i>1-25-1900</i>
9. AGE last birthday: <i>55</i> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired): <i>Logan R. R.</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>railroad</i>	
11. FATHER'S NAME: <i>Charles Younkine</i>		12. MOTHER'S MAIDEN NAME: <i>Lula Moss</i>	
13. WAS DECEASED EVER IN U.S. ARMY OR NAVY? (Yes, no, or unk.) (If Yes, give war or dates of service): <i>No</i>		14. SOCIAL SECURITY NO.:	
15. INFORMANT & ADDRESS: <i>Charles E. Younkine, Middletown, Md.</i>			
16. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
331X IMMEDIATE CAUSE		(A) <i>Cerebral Hemorrhage</i>	
ANTECEDENT CAUSE (S)		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) <i>Hypertension</i>	
		DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1933</i> , to <i>June 15, 1955</i> , that I last saw the deceased alive on <i>June 15, 1955</i> , and that death occurred at <i>9:15 A.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>J E Harp Md</i>		DATE SIGNED <i>6-16-55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>6-18-1955</i>	
NAME OF CEMETERY OR CREMATORY <i>Ch. of God Cemetery</i>		LOCATION (City, town, or county) (State) <i>Loan Valley (Middletown) Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>18 June 1955</i>		REGISTRAR'S SIGNATURE <i>Elizabeth G. Heston</i>	
24. FUNERAL DIRECTOR <i>Bladhill Co.</i>		ADDRESS <i>Middletown, Md.</i>	

BUREAU V. S.

JUN 22 1955

RECEIVED